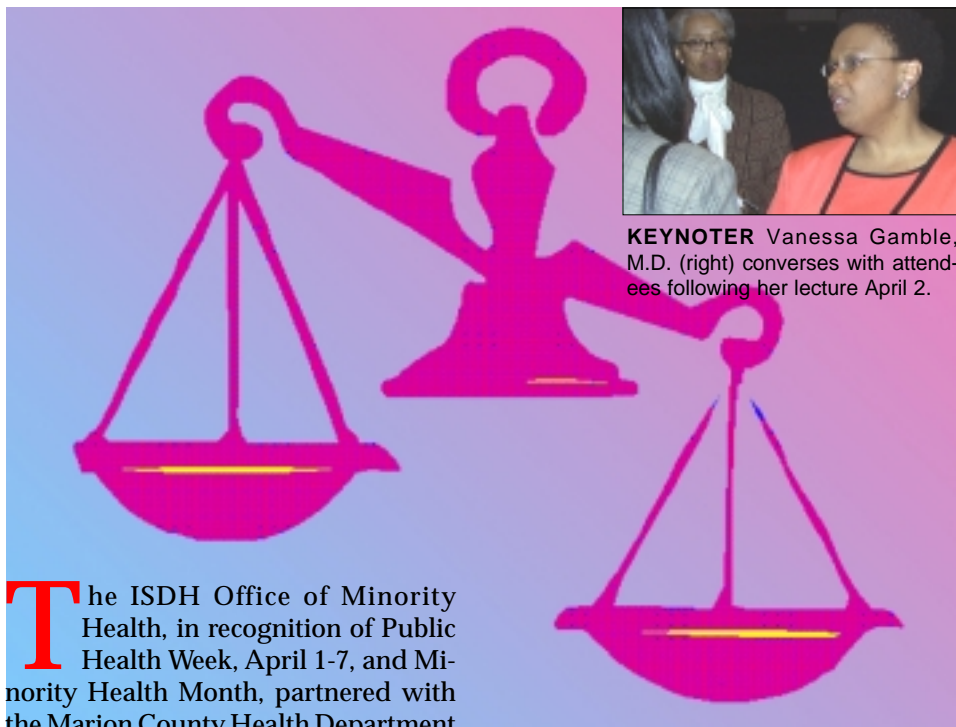




Health Disparities Are Focus of Conference, Report



KEYNOTER Vanessa Gamble, M.D. (right) converses with attendees following her lecture April 2.

The ISDH Office of Minority Health, in recognition of Public Health Week, April 1-7, and Minority Health Month, partnered with the Marion County Health Department and the Marion County Minority Health Coalition to hold a half-day conference, "Eliminating Health Disparities Within the Communities We Live." The conference was held at the auditorium of the Indiana Government Center.

Conference keynote speaker Vanessa Gamble, M.D. detailed health disparities among black and ethnic population groups, but also pointed to disparities among other population groups based on sex, education, and on urban, socioeconomic, and immigration status. In one example she noted that health insurance, which ensures the quality of health care, is dependent upon a person's economic and employment status.

She said that race is a factor in health disparities, demonstrated by the fact that statistics show college educated black women have a higher infant mortality rate than white women who have not completed high school.

Dr. Gamble is regarded as an expert

on race and racism in American medicine; is the author of a book, *Making a Place for Ourselves: the Black Hospital Movement, 1920-1945*; and has authored articles appearing in *The American Journal of Public Health*, *The American Journal of Preventive Medicine*, and other publications. She was the first black woman to be tenured at the University of Wisconsin Medical School.

"The evidence of disparities is overwhelming and the challenge lies in developing and implementing strategies to overcome them," she said. She pointed to disparities in life expectancy that have persisted from 1900 to date, and to differences in infant mortality rates based on race.

Much of the statistical documentation to which Dr. Gamble referred in her talk, she said can be found in the (598-page) study, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, published on March 20 by the Institute of Health, National Academy of Sciences. A summary of the study and ordering information is

available on the Internet at <http://www4.nas.edu/onpi/webextra.nsf/web/minority?OpenDocument>.

She said the findings show that pervasive racial and ethnic disparities are evident in: coronary artery care, where minorities are less likely to be given cardiac medications or undergo bypass surgery; in cancer care, where there are significant differences in who receives appropriate cancer diagnostic tests and treatment; in treatment for stroke, where studies show that although African Americans suffer a 35 percent higher rate than whites, they are less likely to receive major diagnostic and therapeutic interventions. She said minorities are less likely to be placed on waiting lists for kidney transplants or to receive kidney dialysis or transplants and are less likely to receive state-of-the-art treatment for HIV/AIDS or to receive appropriate care for diabetes.

Dr. Gable's thoughts mirror recent comments in an *Express* interview with Edwin C. Marshall, O.D., associate dean for academic affairs at the I.U. School of Optometry, and president of the Indiana Public Health Association.

Dr. Marshall has been appointed by State Health Commissioner Greg Wilson, M.D. to develop recommendations for addressing racial and ethnic disparities in health care.

The ISDH Minority Health Advisory Committee, chaired by Dr. Marshall has produced a report detailing those recommendations. The report was released April 4 and will be the subject of a future *Express* article.

In response to a question from the audience asking exactly how best to remove disparities, Dr. Gamble indicated that ending discrimination is a perplexing problem due to its complexity. She said there are no easy solutions, but health disparities are a problem needing concentrated attention and strategies in order to understand and resolve them.

Teclaw Member of National Genomics Panel

State Epidemiologist Bob Teclaw, DVM, Ph.D., MPH was one of nine panelists selected to develop genomic competencies in epidemiology for the public health workforce in the U.S. He participated as part of a project undertaken by the Centers of Disease Control and Prevention (CDC).

The epidemiology team on which Teclaw served was one of six specialist teams whose work produced the document, *Introduction to Genomic Competencies*.

A total of 42 specialists participated on the project.

The document was developed “for those individuals without formal training in genetics” working in specialized areas of public health. It emphasizes that knowledge of genomics will become increasingly important for the future competent practice of public health. It defines competencies “as applied skills and knowledge (blended with behaviors) that enable members of the public health workforce to effectively practice public health.”

According to the document, the importance of developing genomic competencies is an outgrowth of “the Human Genome Project that encompasses the notion that certain genes, interacting with other genetic and environmental factors, predispose people to such common diseases as colon cancer, diabetes, and arteriosclerosis, and that this information can be used to prevent disease and improve health.”

Besides the epidemiology team, the other team panels wrote competencies for the following specialized public health personnel: administrators, clinicians, educators, environmentalists, and laboratorians.

The creation of the document “reflects a national effort to move toward an educational curriculum based on competencies rather than specific knowledge content,” according to the document.

The competencies are being developed as a tool for public health programs and schools of public health to incorporate genomics into existing competencies and program training goals. The document, prepared by the team on which Dr. Teclaw served, states that it is intended “to serve as a starting point for discussion, not a requirement or gold standard.”

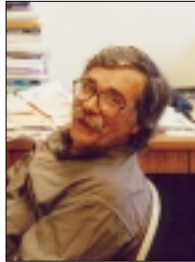
The document perceives that genomic competencies will “change and evolve in a lifelong learning process to ensure a competent workforce.”

Scott Michalski, genetic counselor, ISDH Genetic Disease Program, says that the competencies mentioned in *Introduction to Genomic Competencies* cover a complex and changing knowledge base, and many of the competencies will need to wait for the development of additional research before they may be applied effectively. “Awareness of the competencies, however, is important for the future,” he said, and added, “I expect that a massive educational effort will be necessary.”

The CDC invites public health workers at all levels to com-

ment on the competencies at its Genetics and Disease Prevention Web site, stating that “competencies will be reviewed periodically, and comments will be incorporated.”

The full document can be found at <http://www.cdc.gov/genomics/training/competencies/intro.htm>.



Data Analysis Photo

Commissioner Recognized for SECC Campaign Leadership

SECC 2001-2002 RECOGNITION GIFTS are presented to State Health Commissioner Greg Wilson, M.D. (left) by State Personnel Director Sue Roberson at an awards luncheon held April 4. Dr. Wilson led the all-state-agency SECC campaign.




Photo by Daniel Axler

State Health Commissioner Greg Wilson, M.D. was recognized at an awards luncheon for his leadership as chairman of the all-state-agency 2001-2002 State Employees Community Campaign.

Awards were presented to Dr. Wilson and Jeanne Hogan, who coordinated ISDH giving, at ceremonies held at the War Memorial building in Indianapolis on April 4.

ISDH contributions increased 32.2 percent in the 2001-2002 campaign over the previous year, with a per capita \$42.05 contribution. Participation also increased, with 34.4 percent of the ISDH work force making a contribution, an increase from 30.0 percent during the 2000-2001 campaign. Dr. Wilson, an outdoorsman, received a hiking book and an engraved compass from State Personnel Director Sue Roberson in appreciation for his effort.



TB AWARENESS is furthered with lobby literature display at ISDH 2 North Meridian Street offices. Paul Britton, who directs the ISDH tuberculosis elimination effort in Indiana, holds a brochure filled with facts about the disease that has been declining in Indiana since 1963.

Photo by Daniel Axler

Public Health In The News



Indiana State Department of Health Officials addressed a number of public health topics that were covered by the media during February and March.

State Health Commissioner Greg Wilson, M.D. (top left) appears on February 4 on WTHR Channel 13 for a special report entitled "Germ Wars," and comments on preparedness at the local level for a smallpox outbreak. **Dr. Wilson** (top right) appears with Clifford Ong, C-TASC director, on February 5, to discuss Germ Wars again, on the John Stehr Report on Channel 13.

Epidemiologist James Howell (middle left) appears on WRTV Channel 6 and says that although the droppings of Canadian Geese can be a nuisance,

they pose no serious health threat for waterfront dwellers.

Shawn Richards (middle right), Communicable Disease, explains the timetable for the flu season peak on WXIN TV, Channel 59, March 9.

Dr. Wilson (bottom left) appears on WTHR, Channel 13 on Diabetes Awareness Day, March 26, to discuss the threat of diabetes to the health of Hoosiers and the need for better patient monitored self-care to reduce the medical complications associated with the disease.

Julia Butwin (lower right), Communicable Disease, comments on the transference of Hepatitis C and on tattoo parlor regulations and safety measures in a follow-up to Pamela Anderson's announcement of contracting Hepatitis C through tattooing.

Sinsko Honored by Indiana Vector Control Association

In recognition of his "long and valuable service to the Indiana Vector Control Association and to the State of Indiana," the Indiana Vector Control Association awarded Michael J. Sinsko its Meritorious Service Award. The award was given at the Association's business meeting held in conjunction with the organization's 26th Annual Meeting, which took place on March 3-5, 2002, in Evansville, Indiana.

Robert Pinger, professor and chair of the Department of Physiology and Health Sciences at Ball State University, comments below on Sinsko's lifetime achievement.

"Mike was instrumental in founding the Indiana Vector Control Association (IVCA), an organization that includes state and local public health officials involved in vector-borne disease control, college and university faculty involved in teaching, research, or regulation in this area, and representatives from private industry who sell the equipment and supplies needed to control mosquitoes and other disease vectors.

"Mike has guided the IVCA through more than 25 years of growth with smart decisions and an uncanny knowledge of what kinds of programs and topics would be of interest to its membership at its annual meetings.

"Mike Sinsko has been an ideal choice for a medical entomologist for the Indiana State Department of Health (ISDH). The more I think about it, the more I marvel at the wisdom (or luck) the (then) Indiana State Board of Health had in hiring Mike to serve as its first official medical entomologist.

"Before Mike was hired, State public health officials employed the services of Dr. Russell E. Siverly, a Ball State professor and mosquito expert. Dr. Siverly was the Board's unofficial medical entomologist during the 1960s and 1970s until the time of his death in 1976. He wrote the manual, *Mosquitoes of Indiana*, published by the Board in 1972.

"The St. Louis Encephalitis outbreak of 1975 forced the state to face the need to hire its own (full-time) medical entomologist that would enable the State to respond quickly to vector-borne disease



MIKE SINSKO, Sanitary Engineering, speaking about West Nile virus last fall on WXIN TV Channel 59.

outbreaks and to maintain a statewide arthropod-borne virus surveillance system. Mike Sinsko, who was just then completing the requirements for his Ph.D. degree at the University of Notre Dame, was hired to develop this statewide program and to fulfill other previously unmet Board needs for a medical entomologist.

"Mike immediately set up a statewide arbovirus surveillance system

based on the serology of wild avian populations. Indiana is one of the few states that has maintained an active mosquito-borne disease surveillance program, through good economic times and bad, since its inception in 1976. The state can take pride in the fact that Indiana is better prepared than its neighbors to meet the threat posed by West Nile virus. Much of the credit for maintaining this program belongs to Mike.

"Key to Mike's success, in my mind, is his ability to do more with less. He is usually the one to say, "You don't need X to do 'such and such,' all you need is Y," or "You don't need to spend \$\$\$ for X, all you need to spend is \$." Mike's straight-forward, common-sense approach to vector control has probably saved the state thousands of dollars over the years. While less popular among industry representatives, this approach is understood and appreciated by those in local health departments who usually operate on very limited budgets."



STATE HEALTH COMMISSIONER

GREGORY WILSON, M.D. (left) visited Citizens Health Center in Indianapolis on March 26, National Diabetes Alert Day, to announce the start of a month-long educational campaign by the Indiana Diabetes Collaborative to promote diabetes awareness and reduce the burden of diabetes.

VIRGINIA A. CAINE, M.D., Marion County health director (center photo), and **DONALD ORR, M.D.**, director of Adolescent Medicine and professor, I.U. School of Medicine (bottom photo), also spoke at the event.



Indiana State Department of Health **Express**

The *Indiana State Department of Health Express* is a bi-weekly publication for ISDH employees and stakeholders. To submit news items, call (317) 233-7336 or send information to: ISDH Express, Office of Public Affairs, 2 N. Meridian St., Section 2E, Indianapolis, IN 46204-3003. Inquiries should be directed to:

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Patoka Clinic Opens In New Expanded Quarters

Patoka Family Health Care has opened the doors to its expansive new clinic in English, the Crawford County Seat, and the county's largest town. The clinic, dedicated March 8, provides a more comfortable and convenient center for the delivery of health care services to area residents, according to Steve Adams, director of Strategic Development and Consulting Services at Hoosier Uplands. Hoosier Uplands provides ongoing umbrella administrative oversight and has been shepherding the welfare of the clinic since it opened in 1997 in a remodeled laundromat in Eckerty, approximately 10 miles from English on the western side of the county.

The new clinic is the beneficiary of \$380,000 in tobacco settlement funds awarded through the Indiana State Department of Health to Hoosier Uplands for construction.

The clinic opened on Monday March 11. The opening date is significant in that the clinic first opened its doors in Eckerty on that same date in 1997.

The move is important to county residents because it is close to Crawford County's population center and centrally located for county residents. It's now also close to other service providers like the dentist across the street, the county health department next door, and county offices. The local pharmacy is only a quarter of a mile away.

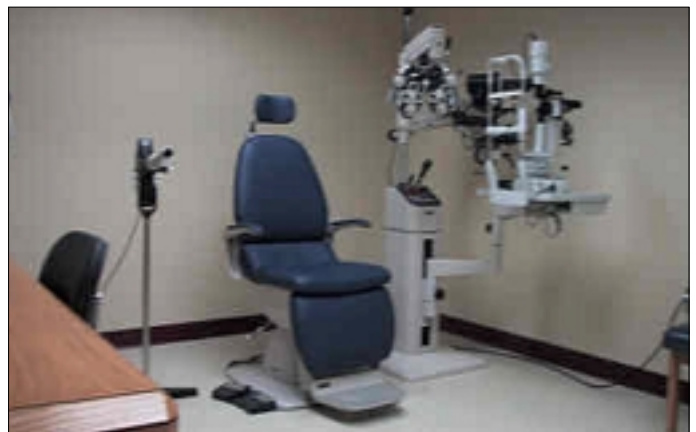
According to Adams, a hallmark of the new clinic is solid community support, evidenced by the donation by the English Civic Club of two town lots on which the clinic was built. Adams says that State Senator Richard Young and State Representative Dennis Oxley have been vocal supporters of the clinic, together with English Town Council President Mike Benham.

RIBBON CUTTING (right) is handled jointly by State Senator Young and English Town Council President Mike Benham. **NEW OPTOMETRY EQUIPMENT** (below right) is located in one of two special service rooms. **ANOTHER NEW EXAM ROOM** (below) gets an inspection by Hazel Katter, ISDH Local Liaison Office, and Dr. Edwin Mashall, I.U. School of Optometry, who directs the I.U. optometry student intern project at the clinic.



"The Patoka CHC is a perfect example of (a health care facility in) the primary health care network. The tobacco settlement funding gave communities dollars for capital improvement. This building makes it possible for people to receive health care in their community. We continue to be very proud and grateful for the continued partnership of Hoosier Uplands and the leaders of Crawford County."

Joni Albright
Assistant Commissioner,
Community Health
Development Services



Board Certified Family Practice physician Curtis Thill, M.D. provides medical oversight for the clinic.

Genetta "Jett" Morris Fancher is the family nurse practitioner and a Certified Nurse Midwife who has been at the clinic for a year and a half. The veterans, who have been there since its start, are Clinic Nurse Manager Cheryl Nance, R.N., and Renda Stidham, office manager.

Nance, who worked for 20 years at the Orange County Hospital before the clinic opened, is a 28-year resident of the area and says she enjoys working at the clinic because she knows and likes the people there.

Nance said the new clinic is especially appreciated by patients who no longer have to wait in their cars on frigid winter days or the scorching hot days of summer—the waiting room has increased seating from 5 to 15 chairs, Nance said. One day several weeks ago, the clinic treated 33 patients, close to twice the daily average of 18.

One of the clinic's new exam rooms is set aside for optometry care by I.U. Optometry student interns.

Union County Combines Tobacco Settlement Funds with Local Coordinating Council Grant for Tobacco Cessation Program

Twenty persons are benefiting from a 10-week no-charge smoking-cessation program conducted by the Union County Health Department.

The program is supported with \$2,435, which is the county's total allocation of treatment dollars from the Governor's Commission for a Drug Free Indiana, combined with an additional \$5,000 from the tobacco settlement funds that the department receives from the state, originally budgeted for health care for indigent families.

Nancy Welty, R.N., Union County's public health nurse, had submitted a request for \$7,500, through the local coordinating council of the Governor's Com-

mission, on behalf of the Health Department for a program to help smokers become nonsmokers through the use of Nicoderm patches.

The patches supply nicotine to the bloodstream in declining quantities over a period of 10 weeks to wean smokers of the addictive substance.

When the Health Department received only \$2,435, it faced the prospect of treating six people—not the original 20 planned—or canceling the program. Welty says the department decided then to supplement the funds with tobacco settlement funds.

Originally, Welty says the Health Department had decided to run ads in the

local weekly newspaper for several months, but so many calls came in that the ad had to be cancelled. Thirty-eight people had applied.

At the time of the *NewsLink* interview with Welty, with calls still coming in, 25 persons were on the waiting list.

The entire 10-week program costs \$355.93 per person, unless a participant drops out or becomes nicotine-free and is able to leave the program early.

"The program is a practical way of helping people addicted to nicotine," Welty said.

Welty says she is hoping to serve more people as more tobacco settlement funds become available.

'Road Kill Cafe' attracts Media and Food Vendor Owners, Managers, Employees

How do you get 75 local retail food establishment owners, managers and employees to attend a training session on preventing health code food handling violations in your county and then enjoy it?

You might start by advertising your training session as the "Road Kill Cafe," as Nolan Pyke did in January.

Pyke, who is the sanitary engineer for the Tipton County Health Department, was looking for a way to capture the attention of the food service people in his county even more effectively than at a sit down lecture, which he conducted last year. To get some free publicity, he showed up at the local newspaper office in a bloodstained meat cutter's outfit. One look at Pyke and the newspaper's photographer wanted to know when and where the event was to be held so he could be there. The paper ran a free announcement publicizing the training.

Pyke said that to make the training effective, he thought a good way to do it would be to exchange roles with the food service people. For a few hours, while health department staff mishandled food preparation, attendees would be asked to role-play food safety inspectors. He figured the role reversal would sharpen attendee detective skills

as supervisors and employees, making them more alert to detecting and correcting problems in their own establishments.

To give attendees plenty of experience, he decided to use real food and mishandle, as much as possible, its preparation and storage while asking attendees to observe and record all of the violations.

Pyke got plenty of assistance from health department staff in role playing the food service employees. The event was staged at the local 4-H building, which possessed the necessary commercial food preparation appliances and stove.

Several local supermarkets were happy to participate by providing the food, Pyke said.

"The scheduled time between 2 p.m. and 4 p.m. for the demonstration also contributed to the good attendance. It's a slow time for most restaurants," he said.

Among the violations: food was cooked at the wrong temperatures, a bleach bottle was left sitting on the surface of the cooktop, a knife used for cutting up chicken was also used for cutting up cabbage for coleslaw without being washed between the two operations. Employees handled food without

washing hands, wearing gloves, or without wearing hair nets, and they admitted coming to work when sick, without supervisor response.

Attendees expressed enthusiasm and enjoyment with the demonstration, Pyke says. Some suggested that the next training not be filled with so many obvious violations in order to emulate a more realistic food service environment to further sharpen attendee skills.

"All the food was discarded after the demonstration because it was unusable," Pyke said, adding, "If the health department ever discovered a food establishment like the 'Road Kill Cafe,' it would be shut down."



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Department of Health **NewsLink**

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